

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5213HOS		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/01/2008	
NAME OF PROVIDER OR SUPPLIER CONTINUECARE HOSPITAL OF CARSON TAHOE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 775 FLEISCHMANN WAY 2ND FLR CARSON CITY, NV 89703			
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A 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of an Initial Medicare certification survey conducted at your facility on 8/1/08. Six patient records were reviewed.</p> <p>All Conditions of Participation were met.</p> <p>The findings and conclusions of any investigation by the health division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>			A 000			
A 392	<p>The following standard level deficiencies were identified:</p> <p>482.23(b) STAFFING AND DELIVERY OF CARE</p> <p>The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.</p> <p>This STANDARD is not met as evidenced by: Based on interview and policy and procedure review it was determined that the facility failed to</p>			A 392			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 392	<p>Continued From page 1</p> <p>provide adequate numbers of licensed nurses to safely care for patients.</p> <p>Findings Include:</p> <p>During an interview with the chief nursing officer (CNO) on 8/1/08, the CNO stated that on the night shift the clinical staff consisted of one registered nurse (RN), one respiratory therapist, and one certified nursing assistant. She stated that on the night shift there was only one nurse on duty to care for up to five stable patients, but she would increase staffing based on patient acuity. The nursing unit was located on the second floor. The pharmacy was located on the first floor. On the night shift, the only nurse on duty may have to leave the nursing unit to access the pharmacy, leaving the patients on the nursing unit with out a nurse in attendance.</p> <p>During an interview with the RN on duty on 8/1/08, the RN was asked what the procedure was for a code blue, during the evening, when she would be the only nurse on duty. She stated that she was comfortable with the staff she works with to manage a code, but was unsure how the other four patients would have their nursing care needs met.</p> <p>On 8/1/08, the CNO was asked how one nurse would manage a code blue patient and still be able to care for her other patients. The CNO stated that she did not feel this would be adequate staffing to meet those needs.</p> <p>The facility's medication administration policy revealed that the, "Primary nurse will prepare insulin with 2nd nurse present to verify dose prior to administration. Both nurses will initial the</p>			A 392			

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A 392	Continued From page 2 medication administration record (MAR)." On 8/1/08, the RN on duty stated that she did not know how insulin would be verified during the night shift, when one nurse was present. The facility's pharmacist stated that an insulin pen would be dispensed when only one nurse was on duty, but the facility's written policy and procedure did not reflect this. The facility's policy revealed that blood had to be verified with two licensed staff members, one which had to be a RN. The RN on duty was asked how blood would be verified by two nurses when only one nurse was on duty. The RN was not aware of how this would be done with only one nurse on duty. The CNO stated that she was on call 24 hours a day, seven days a week and that she or another nurse could be called in to check blood.			A 392			
A 393	482.23(b)(1) RN/LPN STAFFING The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under §488.54(c) of this chapter. This STANDARD is not met as evidenced by: Based on interview it was determined that the facility failed to have a licensed nurse on duty 24 hours a day, seven days a week.			A 393			

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A 393	Continued From page 3 Findings Include: On 8/1/08, the chief nursing officer stated that at least two people were in the facility at all times, but there was not always a licensed nurse in the facility. She stated that a nurse was not always present in the facility when there were no patients in the hospital.	A 393			
A 396	482.23(b)(4) NURSING CARE PLAN The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. This STANDARD is not met as evidenced by: Based on record review, review of facility policy and staff interview, it was determined that the facility failed to revise an individualized care plan for 1 of 6 patients. (Patient #1) Findings include: Patient #1: The patient was admitted to the facility on 7/8/08 for treatment of cellulitis to his lower extremities. Other diagnoses included chronic obstructive pulmonary disease, insulin dependent diabetes mellitus, anxiety and congestive heart failure. Record review revealed that on 7/8/08, the problem of impaired mobility was identified in the Interdisciplinary Plan of Care. There were no interventions identified other than active and passive range of motion (ROM), turning, etc. The	A 396			

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A 396	Continued From page 4 outcome was to be no patient falls. Documentation in the Nurses' Progress Notes indicated that on 7/10/08 at 2:15 AM, Patient #1 attempted to get out of his wheelchair. While staff rushed to assist the patient, the bedside table fell with the patient falling backwards to the floor in a sitting position. There was no evidence that the care plan was revised following the incident. In an interview with Employee #7 on 8/1/08 at 1:50 PM, she stated that the staff was not happy with the care plan format and that a new care plan was being developed. She agreed that the care plan contained in the record had not been revised, but stated that until a more acceptable care plan was in place, staff was currently recording their care plan interventions in the nursing documentation. While actions were recorded in response to the fall the essential components of a care plan, measurable objectives, time frames, and specific services that were to be measured, could not be determined in the nursing note documentation.			A 396			
A 493	482.25(a)(2) PHARMACY PERSONNEL The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.			A 493			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: D3Z211 Facility ID: NVN5213HOS If continuation sheet Page 6 of 10

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A 506	Continued From page 6			A 506			
	Findings Include: During an interview with the pharmacist on 8/1/08, the pharmacist stated that there was no policy and procedure in place to ensure a secondary method for verification of medications retrieved from the pharmacy when there was no pharmacist on duty. The night nurse was able to retrieve and administer medications without having to have a secondary verification of the medication.						
A 622	482.28(a)(3) COMPETENT DIETARY STAFF There must be administrative and technical personnel competent in their respective duties. This STANDARD is not met as evidenced by: Based on observation and record review it was determined the facility provided dietary services through a contractual agreement. The facility did not ensure the contracted dietary services were provided in a kitchen that was maintained in a sanitary manner. Findings include: Observations made during the kitchen tour on 8/1/08, noted that a large section of the floor covering was missing around the floor drain next to the steamer, under the stove, and in the area of the trayline. The floor was also stained and had several areas of small holes that could not be			A 622			

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A 622	Continued From page 7 cleaned thoroughly. The door seal on the McCall reach-in refrigerator and the Victory refrigerator were torn and in need of being replaced The bottom door of the Bevles food warmer did not close completely and was in need of being repaired or replaced. The Sharp microwave was in need of cleaning on the interior door and upper portion due to an accumulation of food debris and dirt. Six cases of soda, seven cases of water and one loaf of bread were stored in the janitor's area, close to the cleaning supplies. One case of plain cheese, pre-cooked omelets had been opened and had not been resealed completely.	A 622			
A 631	482.28(b)(3) THERAPEUTIC DIET MANUAL A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel. This STANDARD is not met as evidenced by: Based on staff interview it was determined the facility had not obtained approval by the medical staff for use of the facility's current therapeutic diet manual.	A 631			

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A 631	Continued From page 8			A 631			
A1160	<p>Findings include:</p> <p>The facility utilized the American Dietetic Association's online nutrition care manual that was released on 1/31/08. During an interview in the afternoon of 8/1/08, the staff reported that the medical staff had not approved the use of the therapeutic diet manual.</p> <p>482.57(b) RESPIRATORY CARE SERVICES POLICIES</p> <p>Services must be delivered in accordance with medical staff directives.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined that the respiratory care services were not delivered in accordance with medical staff directives for 2 of 3 patients reviewed (Patient's #1 and #5).</p> <p>The findings include:</p> <p>Patient #1: The patient was admitted to the facility on 7/8/08 for treatment of cellulitis to his lower extremities. Other diagnoses included chronic obstructive pulmonary disease, insulin dependent diabetes mellitus, anxiety and congestive heart failure.</p> <p>Patient #1's Respiratory Therapy Treatment record revealed two small volume nebulizer (SVN) entries with the same date and time, 4:00 AM on 7/12/08, with different patient positions noted. One patient position indicated "Patient Position: 2", which was "Semi Fowler", and one</p>			A1160			

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A1160	<p>Continued From page 9</p> <p>patient position indicated "Patient Position: 8", which was not listed as a choice of patient positions. The choice of patient positions were one through four. Both treatment records were signed by the same therapist. On 8/1/08, the respiratory therapist (RT) confirmed that the documented patient positions were conflicting.</p> <p>Patient #5: This patient was admitted to the facility for a femur fracture. Her diagnoses included chronic obstructive pulmonary disease and alcohol abuse.</p> <p>Patient #5's Respiratory Therapy Treatment record had no treatments recorded for 11:00 AM and 3:00 PM on 7/28/08, in accordance with the physician's order for Albuterol 2.5 milligrams in 0.5 milligrams Normal Saline every four hours while awake. There were no comments indicating that the patient was not awake, or available to receive the treatment. During an interview with the RT on 8/1/08, the RT confirmed the patient missed two of four required treatments on 7/28/08.</p>			A1160			